



Application Form

The New York State Dental Foundation Donated Equipment Program

***IMPORTANT:** Applying organizations must provide:

- non-profit 501(c)(3), tax exempt ID number or Federal EIN number
- most recent annual report, including annual budget
- list of top funders/contributors in the past three years
- at least one letter of support

Please complete the following information regarding your organization:

EQUIPMENT REQUESTED: _____

PURPOSE OF REQUESTED DONATION: _____

DATE NEEDED: _____

ORGANIZATION NAME, WEBSITE AND MISSION: _____

FEDERAL TAX EXEMPT ID OR EIN: _____

CONTACT PERSON NAME AND EMAIL: _____

ORGANIZATION MAILING ADDRESS: _____

TELEPHONE: _____

Has NYSDF provided a donation (money, supplies, product, equipment) for your organization in the past?

- Yes No

If yes, what items *If yes, what items, and when?* _____

Additional information or comments:

The above information is correct to the best of my knowledge. Should the donation be approved, donated goods will be used for the purpose listed above.

Signature _____ **Date** _____

Print name _____

- Delivery:** **YES – Please ship donation to**
 NO – We will pick up any donation
 Address listed above
 Alternate address:

FOR NYSDF USE ONLY	
<input type="checkbox"/> Approved	Approval signature:
<input type="checkbox"/> Rejected	Approval date:

Submit the completed application to: Laura Leon, director, NYS Dental Foundation, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211, or fax to (518) 465-3219.